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FORM D

Washington, D.C. 20549

Expires: May 31, 2005 Estimated average burden hours per response 16.00

	NOTICE OF SALE OF SECURITIES
	PURSUANT TO REGULATION D,
ا —	SECTION 4(6), AND/OR
NI	FORM LIMITED OFFERING EXEMPTI

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						
		_				

Filing Under (Check box(es) that apply):	Name of Offering (check if this is an an SERIES E CONVERTIBLE PREFERREI		as changed, and indic	cate change.)		1272830
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) VONAGE HOLDINGS CORP. Address of Executive Offices 2147 State Route 27, Edison, NJ 08817 (Number and Street, City, State, Zip Code) (732) 528-2600 (732) 528			Rule 505	⊠ Rule 506	☐ Section 4(6)) ULOE
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) VONAGE HOLDINGS CORP. Address of Executive Offices 2147 State Route 27, Edison, NJ 08817 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Internet communications Type of Business Organization Solvent Comporation limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Telephone Number (Including Area Code) (732) 528-2600 Telephone Number (Including Area Code) (732) 52	Type of Filing: ☐New Filing	ĭ≚ Amendment				
Name of Issuer (A. BASIC IDENT	IFICATION DATA		
VONAGE HOLDINGS CORP. Address of Executive Offices 2147 State Route 27, Edison, NJ 08817 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Internet communications Type of Business Organization Sucorporation Imited partnership, already formed Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Telephone Number (Including Area Code) (732) 528-2600 Total Code) (732) 528-2600 Telephone Number (Including Area Code) (732) 528-2600						
Address of Executive Offices 2147 State Route 27, Edison, NJ 08817 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Internet communications Type of Business Organization Corporation Imited partnership, already formed Imited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: Other (Encluding Area Code) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	Name of Issuer (☐ check if this is an amen	dment and name has o	hanged, and indicate	change.)		
Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Internet communications Type of Business Organization Successory	VONAGE HOLDINGS CORP.					
Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Internet communications Type of Business Organization Substitute of Imited partnership, already formed other (please specify): Substitute of Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Substitute of Incorporation or Organ		-				
Brief Description of Business Internet communications Type of Business Organization Significant of Comporation Immited partnership, already formed Other (please specify): Significant of Date of Incorporation or Organization: Office Offices Offic			<u>`</u>			<u> </u>
Brief Description of Business Internet communications Type of Business Organization Significant Corporation Imited partnership, already formed Imited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: OS 00 Significant Estimated Jurisdiction of Incorporation or Organization: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal:		EMANY YET	(N	umber and Street, City	, State, Zip Code)	Telephone Number (Including Area Code)
Internet communications Type of Business Organization Corporation Imited partnership, already formed Imited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: Office abbreviation of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation) CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal:	(if different from Executive Offices)	三階級 ほうか			l	
Internet communications Type of Business Organization Corporation Imited partnership, already formed Imited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: Office abbreviation of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation) CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal:	Disco Co				l	
Type of Business Organization Corporation	Brief Description of Business	AUG 242	2005 2			
Type of Business Organization Comporation Comporation	Internet communications	, 100				
Imited partnership, already formed Other (please specify):	morner communications					
Imited partnership, already formed Other (please specify):	Type of Business Organization	1 1 1 1 1 1	7.*			
business trust Month Year		☐ limited partnersh	ip, already formed	□ oth	er (please specify):	03063950
Actual or Estimated Date of Incorporation or Organization: 05 00 🖾 Actual 🗆 Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal:	☐ business trust					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal:						
CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal:					tual 🗖 Estimated	
GENERAL INSTRUCTIONS Federal:	Jurisdiction of Incorporation or Organization				DE	
Federal:		CN for C	anada; FN for other	foreign jurisdiction)	DE	
	GENERAL INSTRUCTIONS					
		ing of securities in rel	iance on an exempti	on under Regulation D	or Section 4(6), 17	CFR 230.501 et seq. or 15 U.S.C. 77d(6).
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When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it						
was mailed by United States registered or certified mail to that address.				given below or, it reces	ved at that address t	are the date on which it is due, on the date it
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	Where to File: U.S. Securities and Exchan-	ge Commission, 450 I	ifth Street, N.W., W	ashington, D.C. 20549).	
		•		-		
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.			n the SEC, one of wh	nich must be manually	signed. Any copies	s not manually signed must be photocopies of
Information Required: A new filing must contain all information requested. Amendment needs only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the						

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall acIssuer this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐Executive Officer General and/or Beneficial Owner Director Check Box(es) that Apply: ☐ Promoter Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Director Beneficial Owner General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director Check Box(es) that Apply: ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

Each promoter of the issuer, if the issuer has been organized within the past five years;

Enter the information requested for the following:

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
					Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if in	ndividual)				<u> </u>
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
•					

1.	Has the is	suer sold, or	does the iss	suer intend t	o sell, to nor	n-accredited	investors in	this offering	?	••••••		Yes □	No □
Answer also in Appendix, Column 2, if filing under ULOE.													
2.	What is th	e minimum	investment	that will be	accepted fro	m any indivi	dual?					\$ <u>0</u>	
3.	Does the o	offering perr	nit joint ow	nership of a	single unit?		•••••			***************************************		Yes □	No
4.												ilar remuner	ation
•	for solicita or dealer r	ation of pure egistered wi	hasers in co	nnection wi and/or with	th sales of se a state or sta	ecurities in tl ites, list the r	ne offering. name of the l	If a person to proker or dea		an associate than five (5)	d person or	agent of a br	
Full Nam	e (Last nam	e first, if inc	lividual)		.	-	** <u>*</u>						
Business	or Residenc	e Address (1	Number and	Street, City	, State, Zip (Code)							
Name of	Associated I	Broker or De	ealer							<u> </u>			
States in	Which Perso	on Listed Ha	s Solicited o	or Intends to	Solicit Purc	chasers							
(Check '	'All States"	or check inc	dividual Stat	es)			••••					All St	ates
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
	[MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Nam	e (Last nam						L ^ -d			L : <u></u> - <u></u> -			
Business	or Residenc	e Address (1	Number and	Street, City	, State, Zip (Code)							
Name of	Associated I	Broker or De	ealer										
States in	Which Perso	n Listed Ha	s Solicited o	or Intends to	Solicit Purc	hasers							
(Check '	'All States"	or check inc	lividual Stat	es)								□ All St	ates
([AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
	[MT]	[NE]	[NV]	[NH]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR]	[PA] [PR]
Full Name	[RI] e (Last name		[SD] ividual)	[TN]		[01]	[V1]	[VA]	[WA]	[₩٧]	[WI]	[WY]	[FK]
Business	or Residence	e Address (N	Number and	Street, City.	State, Zip (Code)			<u> </u>				
				•	•		•						
Name of A	Associated I	Broker or De	ealer										
States in V	Which Perso	n Listed Ha	s Solicited o	or Intends to	Solicit Purc	hasers		· · · · · · · · · · · · · · · · · · ·				<u>.</u>	
(Check "All States" or check individual States)													
(3501	[AL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[MI] [OH] [WV]	[OK] [WI]	[MS] [OR] [WY]	[PA] [PR]
				/TT 11. 1	.1	1	1.1141	- C4-	1				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Debt..... Equity 0 0 □ Common □ Preferred Convertible Securities (including warrants) \$ 200,000,000 \$ 200,000,000 Partnership Interests 0 n ____)..... Other (Specify _ Total \$200,000,000 \$ 200,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and 2. the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors \$ 200,000,000 Non-accredited Investors. 0 Total (for filings under Rule 504 only).... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by 3. the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 Regulation A Rule 504..... Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. Legal Fees \$ 150,000 Accounting Fees..... Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) \$_150,000_ Total

C. OFFERING FRICE, NUMBER OF INVESTORS, EATENSES AND USE OF FROCEEDS

200 and 27	 A Company of the Compan	and the control of th	2015 CONTRACTOR OF THE PROPERTY OF THE PROPERT	CONTRACTOR OF THE STATE OF THE
	expenses furnished in response to Part C — Question	price given in response to Part C — Question 1 and total 4.a. This difference is the "adjusted gross proceeds to the		
				\$ <u>199,850,000</u>
5.	purposes shown. If the amount for any purpose is not l	is to the issuer used or proposed to be used for each of the known, furnish an estimate and check the box to the left of qual the adjusted gross proceeds to the issuer set forth in		<u> </u>
			Payments to Officers,	
			Directors, & Affiliates	Payments To Others
	Salaries and fees		□ \$	□ \$
	Purchase of real estate		□ \$	□ \$
	Purchase, rental or leasing and installation of machinery	and equipment	□ \$	□ \$
	Construction or leasing of plant buildings and facilities		□ \$	□ \$
	Acquisition of other businesses (including the value of se			
			 \$	□ \$
	Repayment of indebtedness		□ \$	
	Working capital		▼ \$ 199,850,000	□ \$
	Other (specify):		□ \$	□ \$
			□ \$	□ \$
			区 \$ <u>199,850,000</u>	□ \$
	Total Payments Listed (column totals added)		⊠ <u>\$ 199</u>	,850,000
		D. FEDERAL SIGNATURE		
inderta accredi	king by the issuer to furnish to the U.S. Securities and Exc ted investor pursuant to paragraph (b)(2) of Rule 502.	ned duly authorized person. If this notice is filed under Ru hange Commission, upon written request of its staff, the inf	formation furnished by	
	Print or Type) GE HOLDINGS CORP.	Signature March of	Date August 1	5, 2005
	f Signer (Print or Type)	Title of Signer (Print or Type)		<u> </u>
	on Markel	Secretary		
		1 500 500 500 500 500 500 500 500 500 50		

ATTENTION

Intentional misstatements or omissions of act constitute federal criminal violations. (See 18 U.S.C. 1001.)